



Georgia

HOUSE OF REPRESENTATIVES

Monday
March 2,
2020

DAILY REPORT

22nd
Legislative
Day

House Budget & Research Office
(404) 656-5050

- The House will reconvene for its 23rd Legislative Day on Tuesday, March 3 at 10:00 a.m.
- The Rules Committee will meet at 9:00 a.m.
- Nine bills / resolutions are expected to be debated on the floor.

Today on the Floor

Rules Calendar

HB 486 Professions and businesses; power and duties of the Division of Electrical Contractors as to the approval of continuing education courses; change

Bill Summary: HB 486 prohibits a person from advertising in any manner that the person is a master or journeyman plumber unless he or she has a valid license from the Division of Master Plumbers and Journeyman Plumbers.

Authored By: Rep. Dale Washburn (141st)
House Committee: Regulated Industries
Floor Vote: Yeas: 158 Nays: 6

Rule Applied: Modified-Structured
Committee Action: 02-25-2020 Do Pass by Committee Substitute
Amendments:

HB 578 Human Services, Department of; review of certain law enforcement conviction data with regard to persons seeking to become volunteers, interns, students, or employees; provide

Bill Summary: House Bill 578 allows the Department of Human Services to review certain law enforcement conviction data for persons the department considers to hire as a volunteer, intern, or student.

Authored By: Rep. Katie Dempsey (13th)
House Committee: Health & Human Services
Floor Vote: Yeas: 166 Nays: 0

Rule Applied: Modified-Structured
Committee Action: 02-25-2020 Do Pass by Committee Substitute
Amendments:

HB 816 Professions and businesses; chiropractors may own professional corporations with physicians; provide

Bill Summary: HB 816 allows chiropractors and physicians to organize and jointly own a professional corporation within their scope of practice.

Authored By: Rep. Karen Mathiak (73rd)
House Committee: Regulated Industries
Floor Vote: Yeas: 161 Nays: 5

Rule Applied: Modified-Structured
Committee Action: 02-25-2020 Do Pass by Committee Substitute
Amendments:

HB 823 Crimes and offenses; lifetime disqualification from operating a commercial motor vehicle by persons convicted of trafficking other persons for labor or sexual servitude; provide

Bill Summary: House Bill 823 provides that a person who knowingly uses a commercial motor vehicle in the commission of sexual or labor trafficking crimes will be disqualified as a commercial

motor vehicle driver for life.

Authorized By: Rep. Houston Gaines (117th)
House Motor Vehicles
Committee:
Floor Vote: Yeas: 166 Nays: 0

Rule Applied: Modified-Structured
Committee 02-04-2020 Do Pass by Committee
Action: Substitute
Amendments:

HB 861 Motor vehicles; commercial carriers; amend certain definitions

Bill Summary: House Bill 861 revises the definition of a "commercial motor vehicle" to include vehicles that are used only in intrastate commerce or only in interstate commerce.

Authorized By: Rep. Marcus Wiedower (119th)
House Motor Vehicles
Committee:
Floor Vote: Yeas: 163 Nays: 2

Rule Applied: Modified-Open
Committee 02-21-2020 Do Pass
Action:
Amendments:

HB 900 Special license plates; logo design issued to support breast cancer related programs; amend

Bill Summary: HB 900 updates the design for an existing breast cancer special license plate. The original design will be available for issue until June 30, 2020, and renewals only after that date. The updated design, featuring a pink ribbon symbol, will be issued from July 1, 2020 onward.

Authorized By: Rep. Deborah Silcox (52nd)
House Motor Vehicles
Committee:
Floor Vote: Yeas: 157 Nays: 0

Rule Applied: Modified-Open
Committee 02-25-2020 Do Pass
Action:
Amendments:

HB 914 Professions and businesses; military spouses licensed in other states to practice certain professions and occupations in this state; provide

Bill Summary: House Bill 914 requires professional licensing boards to issue an expedited license to a military spouse or transitioning service member who holds a current license, in good standing, with another state; examinations to demonstrate required knowledge may be required.

Authorized By: Rep. Heath Clark (147th)
House Governmental Affairs
Committee:
Floor Vote: Yeas: 165 Nays: 0

Rule Applied: Modified-Structured
Committee 02-27-2020 Do Pass by Committee
Action: Substitute
Amendments:

HB 968 Civil practice; clarify actions that may be brought pursuant to Code Section 9-3-51 regarding deficiencies in connection with improvements to realty

Bill Summary: This bill clarifies that the statute of repose for actions to recover damages for deficiencies connected with improvements to realty does not apply to actions for breach of contract, including, but not limited to, actions for breach of express contractual warranties.

Authorized By: Rep. Chuck Efstoration (104th)
House Judiciary
Committee:
Floor Vote: Yeas: 165 Nays: 0

Rule Applied: Modified-Structured
Committee 02-25-2020 Do Pass by Committee
Action: Substitute
Amendments:

HB 972 Public utilities and public transportation; penalties for violations of pipeline safety standards and regulations prescribed and enforced by the Public Service Commission; provide

Bill Summary: House Bill 972 provides penalties for violations for pipeline safety standards and regulations prescribed and enforced by the Public Service Commission pursuant to O.C.G.A. 46-2-20. Any operator who violates a rule or regulation or which fails, neglects, or refuses to comply with any order after notification is liable to a penalty not to exceed the maximum penalty provided for in federal Code 49 C.F.R. Section 190.223.

Authorized By: Rep. Penny Houston (170th)

Rule Applied: Modified-Structured

House Committee: Energy, Utilities & Telecommunications
Floor Vote: Yeas: 164 Nays: 0

Committee Action: 02-25-2020 Do Pass by Committee Substitute
Amendments:

HB 1003 Ogeechee Judicial Circuit; provide additional judge of the superior courts

Bill Summary: House Bill 1003 increases the number of judges for superior courts in the Ogeechee Judicial Circuit from three to four. The governor appoints the additional judge for a term beginning January 1, 2021, until December 31, 2022. A successor shall be elected at the nonpartisan judicial election held in 2022 and take office January 1, 2023.

Authorized By: Rep. Jon Burns (159th)
House Committee: Judiciary
Floor Vote: Yeas: 163 Nays: 0

Rule Applied: Modified-Structured
Committee Action: 02-25-2020 Do Pass
Amendments:

Postponed Until Legislative Day 26, May 9th

HB 378 Revenue and taxation; collection and remittance of excise taxes on rental motor vehicles by marketplace facilitators that are dealers that facilitate the rental or lease of five or more rental motor vehicles; require

Bill Summary: House Bill 378 amends O.C.G.A. 48-13-91 and 48-13-93, relating to excise taxes on rental motor vehicles. The definition of "rental motor vehicle concern" is expanded to include rental motor vehicle facilitators. Rental motor vehicles facilitators are dealers that are required to collect and remit sales tax as a marketplace facilitator for facilitating the rental of five or more motor vehicles. The definition expansion requires the motor vehicle facilitators to collect and remit the local excise taxes due on the rental of motor vehicles.

Authorized By: Rep. Bruce Williamson (115th) **Rule Applied:** Structured

Next on the Floor from the Committee on Rules

The Committee on Rules has fixed the calendar for the 23rd Legislative Day, Tuesday, March 3, and bills may be called at the pleasure of the Speaker. The Rules Committee will next meet on Tuesday, March 3, at 9:00 a.m., to set the Rules Calendar for the 24th Legislative Day.

HB 755 Charter schools; local boards of education shall provide itemized allotment sheets for the upcoming fiscal year by July 1 of each year; provide

Bill Summary: House Bill 755 amends O.C.G.A. 20-2-2068.1(c.3) relating to charter school funding to require local boards of education to provide itemized allotment sheets to local charter schools. Under the provisions of this bill, a local board of education must provide each local charter school an itemized allotment sheet itemizing the state, local, and federal allocations for the upcoming fiscal year within 45 calendar days after receiving its preliminary allotment sheet from the Department of Education. If a local board of education determines an adjustment must be made to the allocation to a local charter school, the local board of education must provide the local charter school with 30-days' notice before the allocation is amended.

House Bill 755 further amends O.C.G.A. 2-20-2131 relating to intradistrict enrollment of students attending schools outside of their resident school within the school district. Information relating to the acceptance of intradistrict students must be posted on the website of the local school system in a prominent location, easily visible to parents.

Authored By: Rep. D. C. Belton (112th)
House Education
Committee:

Rule Applied: Modified-Structured
Committee 02-27-2020 Do Pass by Committee
Action: Substitute

HB 789 Insurance; creation of a surprise bill rating system based upon the number of certain physician specialty groups contracted with a hospital within a health insurer's network; provide

Bill Summary: House Bill 789, also known as the 'Surprise Bill Transparency Act', creates a health benefit plan surprise bill rating system that is defined by the number of green check marks and red X marks between zero and four. The number of check marks and X marks is determined by the number of qualified hospital-based specialty group types, or lack thereof, with which the health benefit plan is contracted for the provision of health care services. The bill defines "hospital-based specialty groups" as anesthesiologists, pathologists, radiologists, and emergency medicine physicians.

The insurer must make this rating system available for patients to view online for each network plan. If a rating is less than four check marks, the insurer advertising a hospital as in-network must describe which specialty group type is not contracted with the health benefit plan. If an insurer processes a claim from an out-of-network specialty group provider at an out-of-network rate, the insurer must update the relevant rating within 30 days to reflect any necessary reduction in the rating.

Authored By: Rep. Mark Newton (123rd)
House Special Committee on Access to
Committee: Quality Health Care

Rule Applied: Modified-Structured
Committee 02-03-2020 Do Pass by Committee
Action: Substitute

HB 829 Local school district tax; authorize assessment of residential homesteaded property owned by individuals of 65 years of age or older at 20 percent of its fair market value; provide for local referenda

Bill Summary: House Bill 829 amends O.C.G.A. 48-5-7, relating to assessment of tangible property, to allow tangible homestead property owned by individuals 65 years of age or older to be assessed at 20 percent of the fair market value for the purpose of levying local school district ad valorem taxes. The reduced assessment must be authorized by a vote of the electors within the local school district. This legislation will only become valid if the voters ratify the constitutional amendment in HR 962.

Authored By: Rep. Ron Stephens (164th)
House Ways & Means
Committee:

Rule Applied: Structured
Committee 02-27-2020 Do Pass by Committee
Action: Substitute

HB 830 Retirement and pensions; increase percentage of eligible large retirement system's assets that may be invested in alternative investments

Bill Summary: HB 830 allows eligible large retirement systems to invest up to 10 percent of assets in alternative investments. Currently, eligible large retirement systems can only invest up to five percent of assets in alternative investments. The Department of Audits and Accounts has certified HB 830 as a non-fiscal retirement bill.

Authored By: Rep. Tommy Benton (31st)
House Retirement
Committee:

Rule Applied: Modified-Structured
Committee 02-18-2020 Do Pass
Action:

HB 888 Surprise Billing Consumer Protection Act; enact

Bill Summary: House Bill 888 is the 'Surprise Billing Consumer Protection Act' and provides definitions and provisions that only apply to health care plans that are subject to the regulatory authority of the Department of Insurance (DOI). "Surprise bill" means a bill resulting from an occurrence in which charges arise from a covered person receiving health care services from an out-of-network provider at an in-network facility.

Section 4 requires that regardless of whether a health care provider furnishing emergency medical services is a participating provider or not, an insurer providing benefits to covered persons with respect to emergency medical services must pay for the emergency medical services without need for any prior authorization determination or any retrospective payment denial for these services. In the event a covered person receives emergency medical services from a non-participating emergency medical provider, the provider notifies the person that no monies are owed for the provision of the services except the person's deductible, co-insurance, co-payment, or other cost-sharing amount. The provider collects or bills the person's cost-sharing amount, and the insurers directly pay the provider: the greater of the verifiable contracted amount paid by all eligible insurers for the same or similar service; the most recent verifiable amount agreed to by the insurer and non-participating provider; or a higher amount the insurer deems appropriate given the complexity and circumstances of the services provided. Any amount the insurer pays the non-participating provider is not required to include any amount of cost-sharing payments owed or paid by the person. A health care plan does not deny benefits for emergency medical services previously rendered based upon a covered person's failure to provide subsequent notification in accordance with plan provisions where the covered person's medical condition prevented timely notification. In the event a covered person receives emergency services from a non-participating facility, the facility bills the covered person no more than the person's cost-sharing amount. This part of the legislation adds out-of-network hospitals to the arbitration process for emergency services only.

Section 5 requires an insurer that provides benefits with non-emergency medical services to pay for these services in the event that the services result in a surprise bill regardless of whether the provider furnishing the services is a participating provider or not. In the event a covered person receives non-emergency medical services by a non-participating provider, the non-participating provider must notify the person that no monies are owed for the provision of services except the person's cost-sharing amount and collects or bills for that amount. Any amount that the insurer pays the non-participating provider is not required to include any of the cost-sharing portion owed by the covered person. For purposes of the covered person's financial responsibilities, the health care plan treats the non-emergency medical services received from a non-participating provider as if a participating provider rendered the services.

Section 6 states that no health care plan may deny or restrict the provision of covered benefits from a participating provider to a covered person solely because the covered person obtains treatment from a non-participating provider leading to a balance bill. The insurer provides notice of this protection in writing to the covered person.

Section 7 states nothing in this act reduces a covered person's financial responsibilities in the event that the covered person chooses to receive non-emergency medical services from an out-of-network provider. These services are not considered a surprise bill. The covered person's choice must be

documented via written and oral consent in advance of the provision of services. Additionally, the covered person's choice may only occur after the person has been provided with an estimate of the potential charges. If during the provision of non-emergency medical services a covered person requests that the attending provider refer the person to another provider for the immediate provision of additional non-emergency medical services, the referring provider is exempt from the requirements of this act if the following are satisfied: the referring provider advises the covered person that the referred provider may be a non-participating provider and may charge higher fees than a participating provider; the covered person orally and in writing acknowledges that the referred provider may be a non-participating provider and may charge higher fees than a participating provider; the written acknowledgment is on a document provided by the referring provider and includes language to be determined by the commissioner through rule and regulation; and the referring provider records the satisfaction of these requirements in the person's medical file.

Section 8 requires the DOI to maintain an all-payer health claims database and a record of insurer payments, which tracks the payments by a wide variety of health care services and by geographical areas of Georgia. DOI updates information in this database at least annually and maintains the information on its website. If an appropriation is not provided for this database, DOI will update information from other verifiable data as deemed appropriate on at least an annual basis.

Section 9 provides that if an out-of-network provider or facility concludes that payment received from an insurer is not sufficient given the complexity and circumstances of the services provided, the provider may initiate a request for arbitration with DOI. The provider submits this request within 30 days of receipt of payment for the claim and concurrently provides the insurer with a copy of the request. A request for arbitration may involve a single patient and a single type of health care service, a single patient and multiple types of health care services, multiple patients and a single type of health care service, or multiple substantially similar health care services in the same specialty on multiple patients.

Section 10 allows the DOI to dismiss certain requests for arbitration, if the disputed claim is: related to a health care plan that is not regulated by Georgia; pending action in state or federal court at the time of the request for arbitration; subject to a binding claims resolution process entered into prior to July 1, 2021; made against a health care plan subject to the exclusive jurisdiction of the 'Employee Retirement Income Security Act of 1974'; or in accord with other circumstances as may be determined by DOI rule.

Section 11 requires that within 30 days of the insurer's receipt of the provider's or facility's request for arbitration, the insurer submit to the commissioner all data necessary to determine whether the insurer's payment to the provider was in compliance. The commissioner is not required to make a determination prior to referring the dispute to a resolution organization for arbitration.

Section 12 authorizes the commissioner to promulgate rules implementing an arbitration process and to select one or more resolution organizations to arbitrate certain claim disputes between insurers and out-of-network providers or facilities. Prior to proceeding with arbitration, the commissioner will allow the parties 30 days from receipt of the request for arbitration to negotiate a settlement. The parties must notify the commissioner in a timely manner the result of the negotiation. If the parties have not notified the commissioner of the result within those 30 days, the commissioner has five days to refer the dispute to a resolution organization. DOI will contract with one or more resolution organizations by July 1, 2021 to review and consider claim disputes between insurers and out-of-network providers.

Section 13 states that upon the commissioner's referral of a dispute to a resolution organization, the parties have five days to select an arbitrator by mutual agreement. If the parties have not notified the resolution organization of their mutual selection before the fifth day, the resolution organization will select an arbitrator from among its members. Any selected arbitrator will be independent of the parties and will not have a personal, professional, or financial conflict with any party to the arbitration. The arbitrator will have experience or knowledge in health care billing and reimbursement rates and will not communicate ex parte with either party.

Section 14 requires that the parties have 10 days after the selection of the arbitrator to submit in

writing to the resolution organization each party's final offer and each party's argument in support of their offer. The parties' initial arguments are limited to 20 written pages per party. The parties may submit documents in support of their arguments, and the arbitrator may require additional written arguments and documentation as necessary, but the arbitrator may require the additional filing no more than once. Additional written arguments are limited to no more than 10 pages per party. The arbitrator may set filing times and extend filing times as appropriate. Failure of either party to submit the documentation may result in a default against the party for failing to make the timely submission.

Section 15 requires that each party submit one proposed payment amount to the arbitrator. The arbitrator picks one of the two amounts and reveals that amount in the arbitrator's final decision. The arbitrator does not modify the selected amount. In making a decision, the arbitrator considers the complexity and circumstances of each case, including, but not limited to, the level of training, education, and experience of the provider and other factors. The arbitrator's final decision is in writing and describes the basis for a decision. Notwithstanding Code Section 33-20E-14, a decision will be made within 30 days of the commissioner's referral. Any default or final decision issued by the arbitrator is binding upon the parties and not appealable through the court system.

Section 16 requires the party whose final offer amount is not selected by the arbitrator to pay the arbitrator's expenses and fees, and any other fees assessed by the resolution organization directly to the resolution organization. In the event of default, the defaulting party is also responsible for the resolution organization's assessed fees. In the event that both parties default, both parties are responsible for paying the organization one-half of all monies due. Monies due will be paid in full to the resolution organization within 15 days of the losing party's receipt of the arbitrator's final decision. Within three days of the organization's receipt of monies due to the party whose final offer was selected, the monies will be distributed to that party.

Following the resolution of arbitration, the commissioner refers any case that a provider has acted in violation of this chapter to the appropriate state agency or governing entity with governing authority over the provider. The referral includes a description of violations and the commissioner's recommendation for enforcement action. That agency or governing entity may initiate an investigation regarding the referral within 30 days of receiving the referral and conclude it within 90 days of receiving the referral.

Sections 18 thru 23 provide that once a request for arbitration has been filed with the commissioner by a provider, neither the provider nor the insurer in a dispute will file a lawsuit in court regarding the same out-of-network claim. Each resolution organization contracted with the DOI reports to DOI on a quarterly basis the results of all disputes referred to an organization as follows: the number of arbitrations filed, settled, arbitrated, defaulted, or dismissed during the previous calendar year, and whether the arbitrators' decisions were in favor of the insurer or the provider. On or before July 1, 2022 and each July 1 thereafter, the commissioner will provide a written report to the House Committee on Insurance and the Senate Insurance and Labor Committee. This report, also posted on the DOI's website, summarizes the arbitrations. Non-participating providers do not report to any credit-reporting agency any covered person who receives a surprise bill for the receipt of health care services from a provider and does not pay the provider any co-pay, coinsurance, deductible, or other cost-sharing amount beyond what the covered person would pay the non-participating provider had the non-participating provider been a participating provider. Nothing in this chapter reduces a covered person's financial responsibilities with regard to ground ambulance transportation. This act is effective on January 1, 2021.

Authored By: Rep. Lee Hawkins (27th)
House Special Committee on Access to
Committee: Quality Health Care

Rule Applied: Structured
Committee 02-28-2020 Do Pass by Committee
Action: Substitute

HB 932 Georgia Podiatry Practice Act; podiatric medicine and surgery; change certain provisions

Bill Summary: House Bill 932 provides that doctors of podiatric medicine who are practicing within their scope of practice as established by law may organize and jointly own a professional corporation with any doctors of medicine or osteopathy. Additionally, this bill adds a criminal background check to the list of licensure requirements for podiatric medicine.

Authored By: Rep. Houston Gaines (117th)
House Health & Human Services
Committee:

Rule Applied: Modified-Structured
Committee 02-25-2020 Do Pass by Committee
Action: Substitute

HB 957 Education; certain charter school employees shall be included in the health insurance fund for public school teachers; provide

Bill Summary: House Bill 957 amends O.C.G.A. 20-2-880 to clarify that teachers at charter schools are eligible to participate in state health insurance plans. Section II of House Bill 957 amends O.C.G.A. 20-2-2066 to allow charter school governing boards to require proof of residency either at the time of application or enrollment. Under the provisions of this bill, the term a State Charter Schools Commission member serves will increase from a two-year to a four-year term. HB 957 further creates a new Code Section 20-2-2088.1 to require closing state charter schools to retain records for one year so educational records can be forwarded to former students' new schools. After one year, the state charter school will transfer all records to the State Charter Schools Commission.

Authored By: Rep. Jan Jones (47th)
House Education
Committee:

Rule Applied: Modified-Structured
Committee 02-27-2020 Do Pass by Committee
Action: Substitute

HB 966 Conservation and natural resources; regulate the harvest and sale of palmetto berries

Bill Summary: HB 966 provides for the harvest and sale of saw palmetto berries. A saw palmetto berry seller must obtain a certificate of harvest from a landowner indicating permission for harvest to sell to a saw palmetto berry dealer. A saw palmetto berry dealer that purchases berries directly from a landowner must obtain a certificate of harvest from the landowner. Any person that participates in the procurement of saw palmetto berries shall maintain a legible record of all activities and purchase transactions for no less than two years from the date of harvest.

Law enforcement or the director of the State Forestry Commission may issue an order to stop harvest, sale, or use if there is an indication that an individual is in violation of the provisions for the harvest and sale of saw palmetto berries. The berries must be released if proof of the requirements being met are provided to law enforcement or the director. If the violation is upheld by the superior court of the county in which the saw palmetto berries are found, the berries shall be destroyed.

The following violations are considered misdemeanors that may be punished by a fine of no more than \$1,000: sale of saw palmetto berries to a dealer or seller without obtaining a certificate of harvest; harvest of saw palmetto berries without obtaining a certificate of harvest from the landowner; purchase of saw palmetto berries without obtaining a landowner's certificate of harvest; or knowingly possessing saw palmetto berries that were harvested illegally. A person that knowingly purchases or sells saw palmetto berries valued at less than \$1,500 without a landowner's certificate of harvest may be guilty of a misdemeanor punishable by either or both a fine equal to the value of the berries and/or up to one year imprisonment. If the value of the saw palmetto berries exchanged exceeds \$1,500, the person that knowingly purchased or sold the berries may be punished by either or both a fine equal to the value of the berries, up to \$5,000, and imprisonment up to three years.

Authored By: Rep. James Burchett (176th)
House Agriculture & Consumer Affairs
Committee:

Rule Applied: Modified-Structured
Committee 02-26-2020 Do Pass by Committee
Action: Substitute

HR 962 Local school district tax; authorize assessment of residential homesteaded property owned by individuals of certain ages at 20 percent of its fair market value; authorize General Assembly - CA

Bill Summary: House Resolution 962 amends the Georgia Constitution by authorizing the General Assembly to provide by general law for local boards of education to call for local referenda to authorize assessment of residential homestead property owned by individuals of a certain age at 20 percent of fair market value regarding local school district taxes.

Authored By: Rep. Ron Stephens (164th)
House Ways & Means
Committee:

Rule Applied: Structured
Committee 02-27-2020 Do Pass by Committee
Action: Substitute

Committee Actions

Bills passing committees are reported to the Clerk's Office and are placed on the General Calendar.

Intragovernmental Coordination - Local Committee

HB 922 Whitfield County Board of Education; revise and restate the law

Bill Summary: House Bill 922 repeals a local constitutional amendment providing for the division of Whitfield County into school districts. It also revises and restates the law relating to the Whitfield County Board of Education.

Authorized By:	Rep. Kasey Carpenter (4th)		
House Committee:	Intragovernmental Coordination - Local	Committee Action:	03-02-2020 Do Pass by Committee Substitute

HB 988 Macon County; board of elections and registration; expand from three to five members

Bill Summary: House Bill 988 expands the Macon County Board of Elections and Registration from three members to five members.

Authorized By:	Rep. Patty Bentley (139th)		
House Committee:	Intragovernmental Coordination - Local	Committee Action:	03-02-2020 Do Pass

HB 1033 Cobb County; State Court; change salary of the executive assistant to the clerk

Bill Summary: House Bill 1033 changes the salary of the executive assistant to the clerk of the Cobb County State Court to \$64,645.56.

Authorized By:	Rep. Ginny Ehrhart (36th)		
House Committee:	Intragovernmental Coordination - Local	Committee Action:	03-02-2020 Do Pass

HB 1042 Fannin County; levy an excise tax; authorize

Bill Summary: House Bill 1042 authorizes the governing authority of Fannin County to levy an excise tax.

Authorized By:	Rep. David Ralston (7th)		
House Committee:	Intragovernmental Coordination - Local	Committee Action:	03-02-2020 Do Pass

HB 1043 Fannin County; Board of Education; change compensation of members

Bill Summary: House Bill 1043 changes the compensation of the Fannin County Board of Education members to \$12,000.

Authorized By:	Rep. David Ralston (7th)		
House Committee:	Intragovernmental Coordination - Local	Committee Action:	03-02-2020 Do Pass

HB 1051 Arabi, Town of; provide new charter

Bill Summary: House Bill 1051 provides a new charter for the town of Arabi.

Authorized By:	Rep. Noel Williams (148th)		
House Committee:	Intragovernmental Coordination - Local	Committee Action:	03-02-2020 Do Pass

Judiciary Non-Civil Committee

HB 983 Sexual Offender Registration Review Board; information required to be provided by sexual offenders when they register; revise

Bill Summary: HB 983 adds landlines and mobile telephone numbers to the list of required registration information that must be submitted to the Sexual Offender Registration Review Board. A sexual offender who resides in a private or state operated health care facility, hospice facility, or skilled nursing home may complete the annual registration requirement at any time during their birthday month with the permission of the sheriff of the county where the offender resides. With the permission of the sheriff, a sexual offender residing in one of these facilities is not required to be fingerprinted.

Authorized By: Rep. Ricky Williams (145th)

House Judiciary Non-Civil

Committee:

**Committee
Action:**

03-02-2020 Do Pass

HB 994 Courts; provisions relating to addressing criminal gang activities; revise

Bill Summary: HB 994 adds participation in gang activity to the list of considerations that must be assessed when moving an alleged delinquent child from juvenile court to superior court. A juvenile who has been adjudicated to have engaged in criminal gang activities and placed in restrictive custody must participate in an evidence-based criminal gang intervention program. The list of offenses that fall under criminal gang activity sentencing enhancement include child molestation; aggravated child molestation; enticing a child for indecent purposes; and obstruction or hindering law enforcement officers. Moreover, felony violations of burglary with the intent to commit a sexual offense; child molestation; aggravated child molestation; keeping a place of prostitution; pimping; and pandering are added to the list of sexual offenses under criminal gang activity, which require the offender to be added to the sex offender registry. Local governments can petition the court for injunctive relief for property used in criminal gang activities.

Authorized By: Rep. Albert Reeves (34th)

House Judiciary Non-Civil

Committee:

**Committee
Action:**

03-02-2020 Do Pass by Committee
Substitute

Public Safety & Homeland Security Committee

HB 641 Georgia Bureau of Investigation; grant powers and duties to identify and investigate violations of the Georgia Computer Systems Protection Act and other computer crimes

Bill Summary: House Bill 641 authorizes the Georgia Bureau of Investigation (GBI) to identify and investigate violations of the 'Georgia Computer Systems Protection Act' and other criminal offenses involving the use of a computer or computer network. The legislation also grants the GBI subpoena power for these investigations, with the consent of the attorney general.

Authorized By: Rep. Eddie Lumsden (12th)

House Public Safety & Homeland Security

Committee:

**Committee
Action:**

03-02-2020 Do Pass by Committee
Substitute

HB 903 Motor vehicles; issuance of a traffic citation to a vehicle owner in lieu of the individual operating the motor vehicle in certain instances; provide

Bill Summary: House Bill 903 allows citations to be issued to the owner of a vehicle rather than the individual driving the vehicle when the owner is present at the time of issuance. Circumstances when this is allowed are citations for operation of an unregistered vehicle or a vehicle without a current license plate and citations issued for driving an unsafe or improperly equipped vehicle.

Authorized By: Rep. Matt Dollar (45th)

House Public Safety & Homeland Security

Committee:

**Committee
Action:**

03-02-2020 Do Pass

HR 1008 State Board of Pardons and Paroles; issue posthumous pardon for Susan Eberhart; urge

Bill Summary: House Resolution 1008 urges the State Board of Pardons and Paroles to examine the conviction against Susan Eberhart and grant her a posthumous pardon if they conclude that her conviction was not warranted.

Authorized By: Rep. Gerald Greene (151st)
House Committee: Public Safety & Homeland Security
Committee Action: 03-02-2020 Do Pass

HR 1160 House Study Committee on Motor Carrier Inspections; create

Bill Summary: House Resolution 1160 creates the House Study Committee on Motor Carrier Inspections to study whether it is in the best interest of safety to require officers of the Motor Carrier Compliance Enforcement Section to inspect motor carriers exclusively at designated weigh stations or if scheduled appointments can be performed on motor carrier property.

Authorized By: Rep. Debbie Buckner (137th)
House Committee: Public Safety & Homeland Security
Committee Action: 03-02-2020 Do Pass

Committee Meeting Schedule

This meeting schedule is up to date at the time of this report, but meeting dates and times are subject to change. To keep up with the latest schedule, please visit www.house.ga.gov and click on [Meetings Calendar](#).

Tuesday, March 03, 2020

8:00 AM	MOTOR VEHICLES	515 CLOB
9:00 AM	RULES	341 CAP
10:00 AM	FLOOR SESSION (LD 23)	House Chamber
1:00 PM	SPECIAL COMMITTEE ON ACCESS TO QUALITY HEALTH CARE	341 CAP
1:00 PM	Lumsden Subcommittee of Public Safety and Homeland Security	506 CLOB
2:00 PM	JUDICIARY CIVIL	132 CAP
2:00 PM	REGULATED INDUSTRIES	506 CLOB
2:00 PM	GAME, FISH AND PARKS	403 CAP
2:00 PM	Sales Tax Subcommittee of Ways and Means	133 CAP
2:30 PM	Academic Achievement Subcommittee of Education	514 CLOB
3:00 PM	ENERGY, UTILITIES AND TELECOMMUNICATIONS	403 CAP
3:00 PM	Setzler Subcommittee of Judiciary Non-Civil	506 CLOB
3:00 PM	HIGHER EDUCATION SUBCOMMITTEE OF APPROPRIATIONS	341 CAP
3:00 PM	Academic Support Subcommittee of Education	514 CLOB
3:00 PM	Welch Subcommittee of Judiciary Civil	132 CAP
3:00 PM	ECONOMIC DEVELOPMENT AND TOURISM	415 CLOB